

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0120006
 AV

DOCUMENT # P97000083135

1. Entity Name
TECHCONCRETE, INC.

03-05-2002 90313 001 ***150.00
 03-05-2002 90313 002 *****8.75

Principal Place of Business
802 CYPRESS BLVD. #205
POMPANO BEACH FL 33069

Mailing Address
802 CYPRESS BLVD.
#205
POMPANO BEACH FL 33069



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0842717**

Applied For
 Not Applicable

Zip

Country

Zip

Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Register

Attachment docx
PLEASE
CORRECT ADDRESS
802 CYPRESS BLVD #205

RIOS, RAMON
802 CYPRESS BLVD. #205
POMPANO BEACH FL 33069

Address of New Registered Agent

(Not Acceptable)

FL Zip Code

8. The above named entity submits this statement for the purpose of the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D RIOS, RAMON 802 CYPRESS BLVD. #205 POMPANO BEACH FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other persons empowered.

SIGNATURE:

SIGNATURE REQUIRED
RAMON RIOS

02.20.02

(954) 974 6257

Date

Daytime Phone #

CR2E034 (9/01)